

## Application Data Sheet

## Application Information

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	DISPOSABLE SURGICAL SUCTION/IRRIGATION TRUMPET VALVE TUBE CASSETTE
<b>Attorney Docket Number::</b>	050251-0153
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	6
<b>Total Drawing Sheets::</b>	8
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

## Applicant Information

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Peter
<b>Family Name::</b>	Visconti
<b>City of Residence::</b>	Chicago

**Country of Residence::** Illinois  
**Street of mailing address::** 4111 West Grace Street  
**City of mailing address::** Chicago  
**State or Provinc\_ of mailing address::** IL  
**Postal or Zip Code of mailing address::** 60641

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Thomas

**Family Name::** Doering

**City of Residence::** Grayslake

**State or Province of Residence::** Illinois

**Country of Residence::** US

**Street of mailing address::** 440 Arlington Lane

**City of mailing address::** Grayslake

**State or Province of mailing address::** IL

**Postal or Zip Code of mailing address::** 60030

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Ken

**Family Name::** Horton

**City of Residence::** Kildeer

**State or Province of Residence::** Illinois  
**Country of Residence::** US  
**Street of mailing address::** 22568 Ruth Court  
**City of mailing address::** Kildeer  
**State or Province of mailing address::** IL  
**Postal or Zip Code of mailing address::** 60047

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Jan  
**Family Name::** Wells  
**City of Residence::** Sherrard  
**State or Province of Residence::** Illinois  
**Country of Residence::** US  
**Street of mailing address::** 2645 145th Avenue  
**City of mailing address::** Sherrard  
**State or Province of mailing address::** IL  
**Postal or Zip Code of mailing address::** 61281

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Robert  
**Family Name::** Thomas

**City of Residence::** New Boston  
**State or Province of Residence::** New Hampshire  
**Country of Residence::** US  
**Street of mailing address::** 43 Weare Road  
**City of mailing address::** New Boston  
**State or Province of mailing address::** NH  
**Postal or Zip Code of mailing address::** 03070

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** James  
**Family Name::** Hansen  
**City of Residence::** New Boston  
**State or Province of Residence::** New Hampshire  
**Country of Residence::** US  
**Street of mailing address::** 31 Briar Hill Road  
**City of mailing address::** New Boston  
**State or Province of mailing address::** NH  
**Postal or Zip Code of mailing address::** 03070

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Gary P.

**Family Name::** Schroeder  
**City of Residence::** Londonderry  
**State or Province of Residence::** New Hampshire  
**Country of Residence::** US  
**Street of mailing address::** 24 Seasons Lane  
**City of mailing address::** Londonderry  
**State or Province of mailing address::** NH  
**Postal or Zip Code of mailing address::** 03053

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Ashvin  
**Family Name::** Desai  
**City of Residence::** San Jose  
**State or Province of Residence::** California  
**Country of Residence::** US  
**Street of mailing address::** 4287 Littleworth Way  
**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 95135

#### **Correspondence Information**

**Correspondence Customer Number::** 27433

**E-Mail address::** PTOMailChicago@Foley.com

**Representative Information**

<b>Representative Customer Number::</b>	27433	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Division of	09/574,164	05/18/2000
09/574,164	Continuation-in-part of	09/492,964	01/28/2000
09/492,964	Continuation of	09/015,299	01/29/1998

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee name::** Allegiance Healthcare Corporation